

GENERAL FACT SHEET

08R-239

BILL NUMBER

BRIEF TITLE  
LMC 8.26.040

APPROVAL DEADLINE

REASON  
Assessment of Costs

DETAILS

POSITIONS/RECOMMENDATIONS

|   |  |  |
|---|--|--|
| Reason for Legislation<br><br>Assess costs incurred by the Health Department for abating public health nuisances on private property  | Sponsor  | Health   |
|   | Program Departments, or Groups Affected        | Public Health Nuisances<br>Environmental Health<br>Private citizens  |
|   | Applicants/ Proponents                         | Applicant<br><br>Health<br><br>City Department<br><br>Health<br><br>Other  |
| Discussion (Including Relationship to other Council Actions)<br><br>Failure to keep property clear of conditions which can contribute to rodent or insect breeding or existence, disease, etc., is a violation of LMC 8.26 Nuisances.<br><br>Property owners and/or tenants with such conditions are given written notice to eliminate the condition. After notice and due time, if such conditions are not eliminated, LLCHD contracts for the abatement and clean-up. All associated costs are assessed against the property owner in accord with LMC 8.26. | Opponents                                      | Groups or Individuals<br><br>Private citizens<br><br>Basis of Opposition<br><br>Slight opposition, if any, to cost of assessment   |
|   | Staff Recommendations                          | <input checked="" type="checkbox"/> For <input type="checkbox"/> Against<br>Reason Against   |
|   | Board or Commission Recommendation             | BY<br><input type="checkbox"/> For <input type="checkbox"/> Against<br><input type="checkbox"/> No Action Taken<br><input type="checkbox"/> For with revisions or conditions<br>(See Details column for conditions)                              |
|   | CITY COUNCIL ACTIONS<br>(For Council Use Only) | <input type="checkbox"/> Pass<br><input type="checkbox"/> Pass (As Amended)<br><input type="checkbox"/> Council Sub.<br><input type="checkbox"/> Without Recommendation<br><input type="checkbox"/> Hold<br><input type="checkbox"/> Do not Pass |

**DETAILS****POLICY/PROGRAM IMPACT**

|   |   |   |
|---|---|---|
|   | <b>POLICY OR PROGRAM CHANGE</b>                                       | <input type="checkbox"/> NO <input type="checkbox"/> YES<br>_____<br>_____    |
|   | <b>OPERATIONAL IMPACT ASSESSMENT</b>                                  | _____<br>_____<br>_____   |
|   | <b>FINANCES</b>   |   |
|   | <b>COST AND REVENUE PROJECTIONS</b>                                   | COST of total project: \$ _____<br>COST of this ordinance Resolution \$ _____ |
|   |   | RELATED annual operating Costs \$ _____                                       |
|   |   | INCREASE REVENUE EXPECTED/YEAR \$ _____                                       |
| <b>SOURCE OF FUNDS</b>  | <b>CITY</b><br>_____\$ _____%<br>_____\$ _____%<br>_____\$ _____%     |   |
|   | <b>NON CITY</b><br>_____\$ _____%<br>_____\$ _____%<br>_____\$ _____% |   |
| <b>BENEFIT COST</b><br><input type="checkbox"/> Front Foot<br><input type="checkbox"/> Square Foot      \$ _____      Average Assessment \$ _____ |   |   |

**APPLICABLE DATES:****FACT SHEET PREPARED BY:** Bruce D. Dart/Scott E. Holmes**REVIEW BY:****REFERENCE NUMBER**